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	PATE	NT APPLICA	ATION F Substitute	ECURU		55	74798	37 <u>:</u>			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER T Ń SMALL ENTITY	
FOR NUMBER FILED NUMBER EXTRA					ſ	RATE	FEE	•	RATE	FEE	
BASIC FEE (27 CFR 1.16(a))				Ī	•	<u> </u>	OR ·	·	\$ <u></u>		
TOTAL CLAIMS 1 5 minus 20 .			1. 8		Γ	x s		OR	A \$=		
NOE	PENDENT CLAIM					T	x si		OR	x s=	
MERITIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))						ſ	+5 =		OR	+ 5=	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR.	TOTAL	
	Cı	AIMS AS AME	NDED -	PART II			•		٠.		14407 (3)
	(Column 1) (Column 2) (Column 3)					SMALL E	NTITY	ρR	OTHER SMALL		
łΤ.Α	•	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
ME	Total	AMENDMENT	Minus	PAID FOR	• =	ı	x s=		. OR	x s i je	
MENDMENT	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	3	Minus	'3	-	ı	x s=	-/-	OR	X 5 6	7.
ÁME		ATION OF MURITIPLE	E DEPENDEN	T CLAIM D7 CF	R 1.16(d))	ı	+1 =	/	OR	+5 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))						·	TOTAL ADD'L FEE	1 .	OR	TOTAL ADD L FEE	
				(Calumn 2)	(Column 3)		ADD ETTE				. :
NT B	-	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	-	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (.	ADDI- ' TIONAL FEE	!	RATE	ADDI- TIONAL E
ME	Total	17	Minus	20	= /		× 5		OR	× s	.3
AMENOMENT	Independent (37 CFR 1.16(b))	2	Minus	- 3	= /		× 3	·	OR	7.77	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5=		OR	#\$ <u> </u>	
_							TOTAL ADD'L FEE		OR.	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)		•.		- i		
NT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PREȘENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENT	Total .	•	Minus	**	a		X \$=		OŔ	X 5=	·
AMEND	independent pr cfR 1.16(b)	<u> </u>	Minus	***	• • •		x s=] oṛ	X 6	<u> </u>
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1 18(d))						+8		QR	+, ,	
	•	•					ADO'L FEE	<u> </u>	OR	TOTAL PEE	
	" if the "Highest" if the "Highest"	column 1 is less the Number Previously Number Previously number Previously mustion is moduled	Paid For I	N THIS SPACE N THIS SPACE	is less than 3, 6	ente ente	umber found in	the appropri	ste box in	column 1.	Gla Vand by the

Instruction of information is required by 37 CFR 1.16. The information is required to costain or retain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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